

2500

MARGIN RESERVED FOR BINDING
 WRITE PLAINLY WITH UNFADING INK--THIS IS A PERMANENT RECORD
 N. B.--In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

RECEIVED
 MAY 27 1929
 ARIZONA STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 STANDARD CERTIFICATE OF BIRTH

1. PLACE OF BIRTH		State File No. _____	
County _____		Registered No. _____	
District or Township _____		State <u>Territory, Arizona.</u>	
City <u>Roosevelt, Ariz.</u>		or Village <u>Government Hill</u>	
No. _____ (If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Harriet Imogene Palmer</u>			
3. Sex of Child	To be answered ONLY in event of plural births.	4. Twin, triplet or other.	6. Legitimate?
F			yes
5. No., in order of birth _____		7. Date of birth <u>Oct. 5 1905</u>	
		Month Day Year	
8. FATHER		14. MOTHER	
Full name <u>Ralph Fleetwood Palmer</u>		Full maiden name <u>Mary C Pennell</u>	
9. Residence (Usual place of abode) <u>Roosevelt, Arizona</u>		15. Residence (Usual place of abode) <u>Roosevelt, Arizona</u>	
If non-resident, give place and state.		If non-resident, give place and state.	
10. Color or race <u>White</u>	11. Age at last birthday <u>30</u> (Years)	16. Color or race <u>White</u>	17. Age at last birthday <u>27</u> (Years)
12. Birthplace (city or place) <u>Marquett, Michigan</u>		18. Birthplace (city or place) <u>Conneaut, Ohio</u>	
(State or country)		(State or country)	
13. Occupation		19. Occupation	
Nature of industry <u>Physician & Surgeon</u>		Nature of industry <u>Housewife</u>	
20. Number of children of this mother <u>2</u>		21. Were precautions taken against ophthalmia neonatorum?	
(Taken as of time of birth of child herein certified and including this child.)		Yes	
(a) Born alive and now living <u>2</u>		(b) Born alive but now dead <u>0</u>	
(c) Stillborn <u>0</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of this child, who was <u>alive</u> at <u>2 P</u> m. on the date above stated.			
* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>[Signature]</u>	
Given name added from a supplemental report _____		(Physician or midwife).	
Month, day, year _____		Address <u>Roosevelt, Arizona.</u>	
Registrar _____		Filed _____ 19 _____	
		Registrar _____	

875-405-4112